

033104

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 CFR 1.53(b)</i>		Attorney Docket No.	250296US2CONT
		First Inventor or Application Identifier	Eiichi SASAKI
Title	METHOD AND APPARATUS FOR IMAGE PROCESSING CAPABLE OF EFFICIENTLY PERFORMING A GRAY-SCALE CORRECTION		

US PTO

70377 10/812964 U.S. PTO

033104

APPLICATION ELEMENTS*See MPEP chapter 600 concerning utility patent application contents*

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/> Specification	Total Sheets	24
3. <input checked="" type="checkbox"/> Formal Drawing(s)	Total Sheets	10
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	3
a. <input type="checkbox"/> Newly executed (original or copy)		
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification or Sequence Listing on :		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

ADDRESS TO: Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

ACCOMPANYING APPLICATION PARTS

7. <input checked="" type="checkbox"/> Assignment Reel & Frame No. 010458/0149	<input type="checkbox"/> Power of Attorney
8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Copies of IDS Citations
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
16. <input checked="" type="checkbox"/> Other: Notice of Priority	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.: 09/459,638 filed December 13, 1999
Prior application information: Examiner: BRINICH, S. Group Art Unit: 2624

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Gregory J. Maier	Registration No.:	25,599
Signature:			Date: 3-31-64
Name:	Robert C. Mattson	Registration No.:	42,850

13281
033104

Docket No. 250296US2CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Eiichi SASAKI

SERIAL NO: New Application

FILING DATE: Herewith

FOR: METHOD AND APPARATUS FOR IMAGE PROCESSING CAPABLE OF EFFICIENTLY
PERFORMING A GRAY-SCALE CORRECTION

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$770.00

Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

A check in the amount of **\$0.00** to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of **\$770.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Gregory J. Maier
Registration No. 25,599

Date: 3-31-04

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)

Robert C. Mattson
Registration No. 42,850